Hospital Accreditation Programme of Thailand

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The real essence of accreditation is external peer assist & review for self improvement

Safety & Quality of Patient Care

Self Improvement

Educational Process

External Evaluation

Self Assessment

Recognition

Peer Assist:

Local healthcare networks

Professional organizations

Peer Review:

The accreditation body
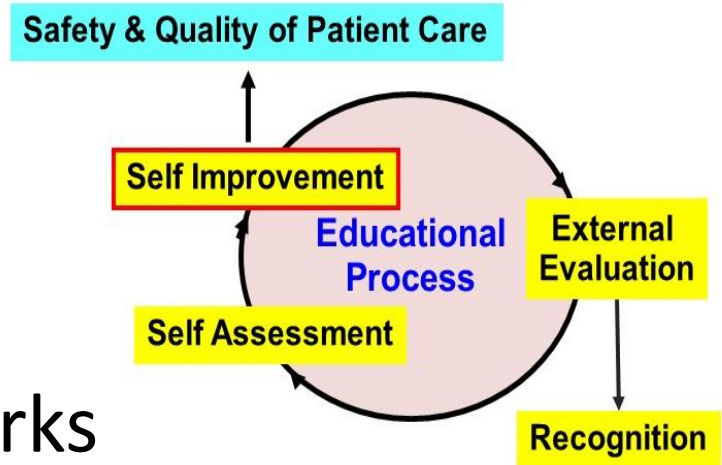
Organization Structure
The Healthcare Accreditation Institute

VISION: "Thailand has standard healthcare that is reliable to the society, of which the HAI has a role in **encouraging** quality culture movement (**change catalyst**)"

MISSION:

"To **encourage**, **support**, and **drive** quality improvement of the healthcare system; using **self assessment, external survey**, **recognition** and **accreditation**, and **knowledge sharing** as leverage mechanism"

R&D Project

Institute Under HSRI

Reliable, Impartial, Government Support

Independent Gov. Agency "Public Organization"

93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14

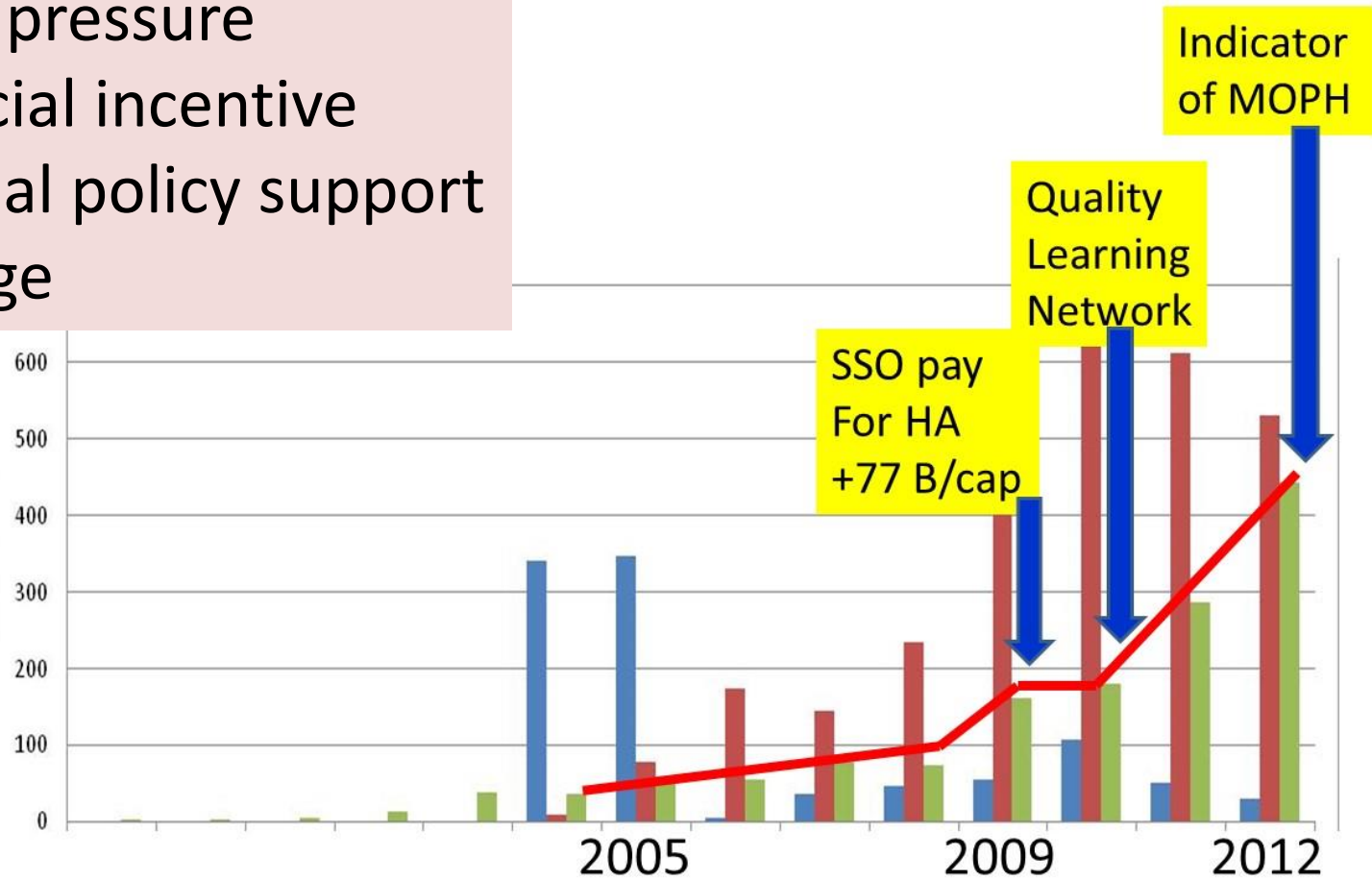# Important of 3rd party as user & promoter of evaluation

Historical development of the Thai health system:
Infrastructure development + financial protection extension

The International Health Policy Program (IHPP)
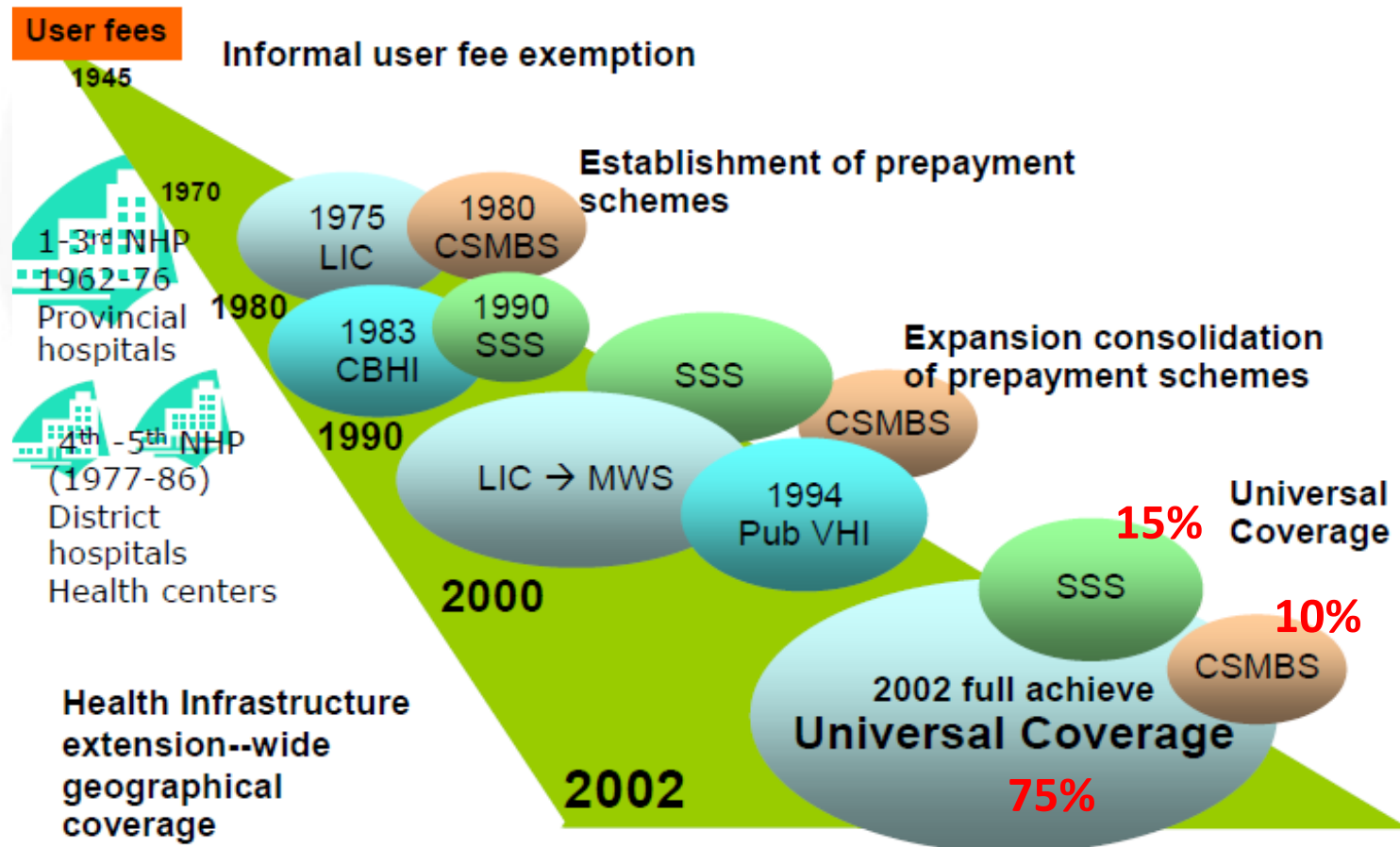
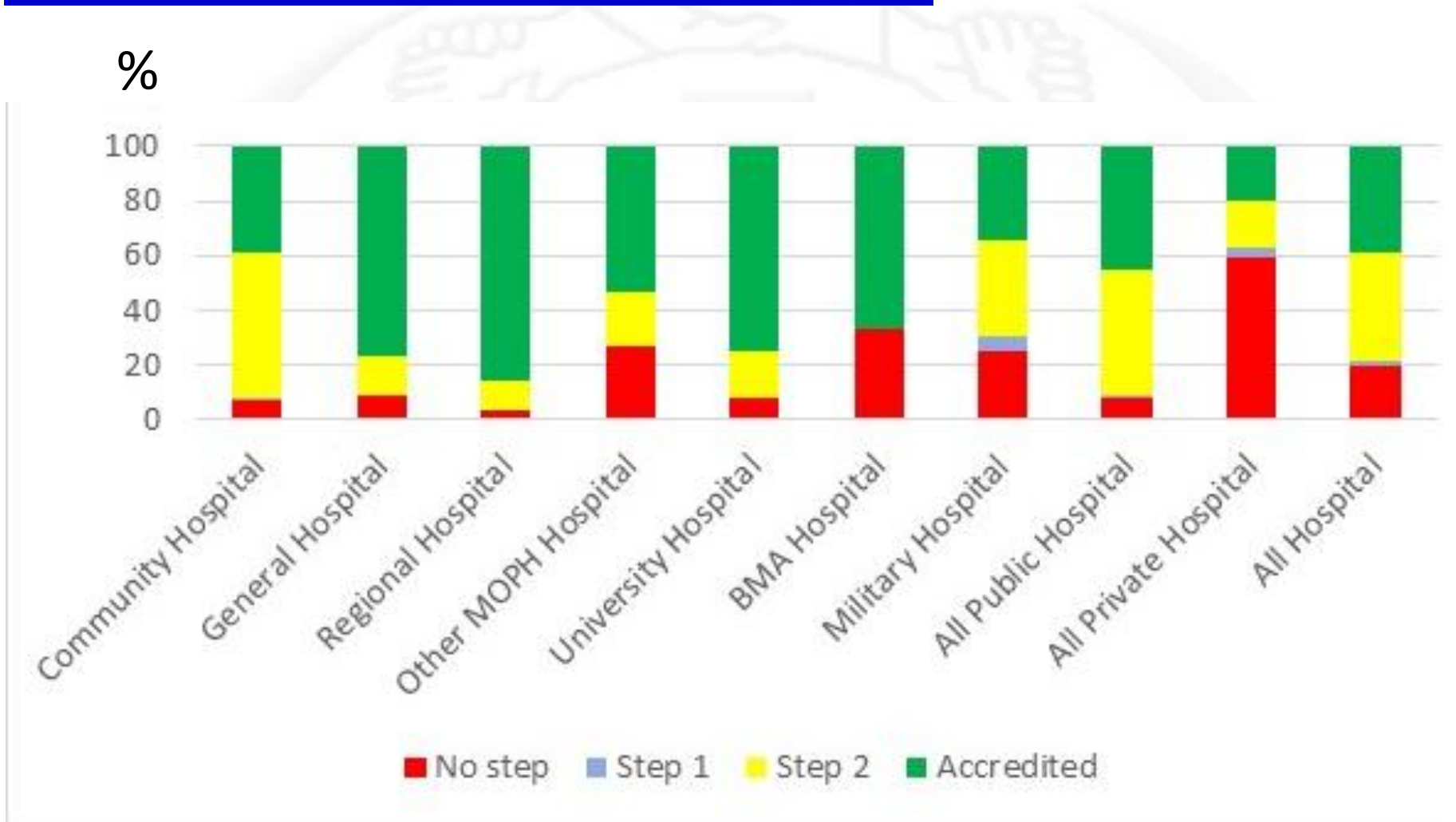# Incentive for hospitals to become accredited

Social pressure
Financial incentive
Optimal policy support
Prestige

Indicator of MOPH

Quality Learning Network

SSO pay For HA +77 B/cap

93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14

Achievement of Hospitals by Level of Recognition

%

Legend: No step, Step 1, Step 2, Accredited

Resistance from Doctors
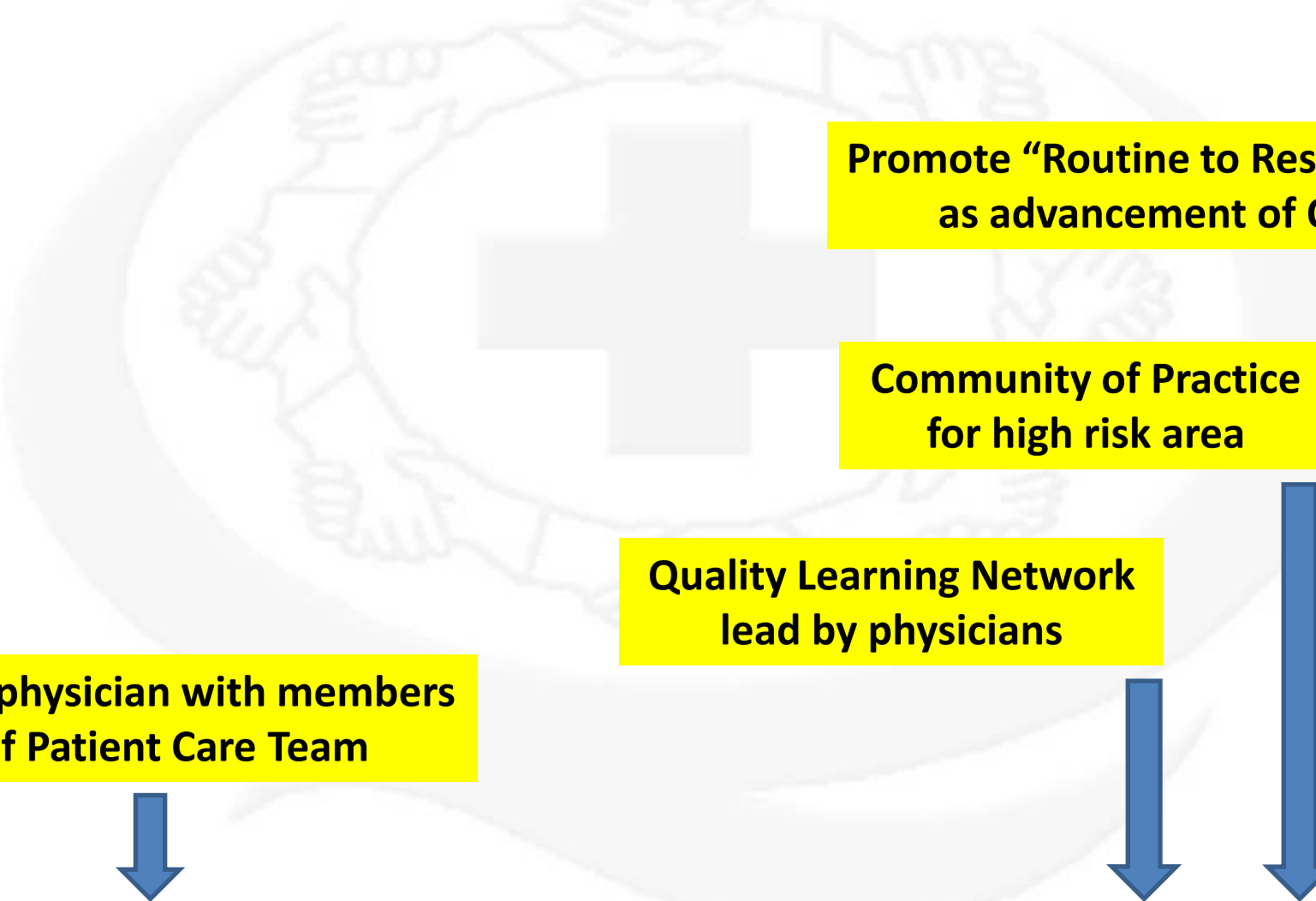
Promote "Routine to Research" as advancement of QI

Community of Practice for high risk area

Quality Learning Network lead by physicians

Train physician with members of Patient Care Team

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The Moving Targets

Part I Organization Management Overview

Measurement, Analysis, & Knowledge Management

Strategic Management

Human Resource Focus

Leadership

Focus on Patients

Process Management

Results

Part IV Results

Patient Care Results
Patient Focused Results
Financial Results
Human Resource Results
Process Effectiveness Results
Leadership Results
Health Promotion Results

Part II Key Hospital Systems

Risk, Safety, & Quality
Professional Governance
Environment of Care
Infection Control
Medical Record System
Medication Management
Diagnostic Investigation
Disease & Hazard Surveillance
Working with Community
Patient Care Processes

Part III Patient Care Processes

Access & Entry
Patient Assessment
Planning
Patient Care Delivery
Education & Empowerment
Continuity of Care

Plan for District Health Network Accreditation in 5 years

Advanced HA focus on outcome

Disease Specific Certification

+ Patient center

2nd HA/HPH Standards

+ Spirituality

Humanized Healthcare

Quality & safety

1st HA Standards

HPH Accreditation

ISQua Accreditation ORGANISATION

| 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 |

Spirituality in Healthcare

Self: Awareness
Team: Deep listening & productive discussion
Patient: Humanized Healthcare, empowerment
Org.:   Living Organization
Env: Healing Environment
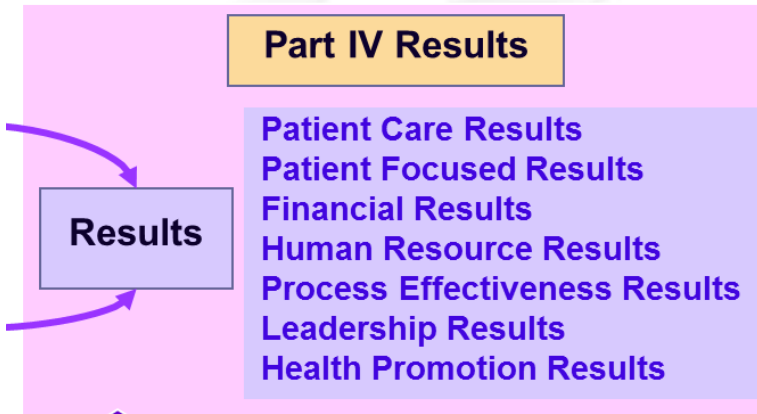Survey: Appreciation
Tool: Narrative/storytelling

Spiritual HA

Humanized Healthcare

| 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 |

Focus on Performance

Part IV Results

Patient Care Results
Patient Focused Results
Financial Results
Human Resource Results
Process Effectiveness Results
Leadership Results
Health Promotion Results

Results

Advanced HA focus on outcome

Comparative Hospital Indicator Project Phase II

Comparative Hospital Indicator Project Phase I

2nd HA/HPH Standards Specify area of performance to be monitored
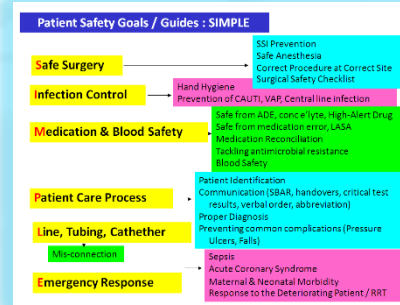
Self-determined KPI

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Patient Safety Initiatives

Patient for Patient Safety

WHO Patient Safety Curriculum

Patient Safety Goals / Guides : SIMPLE

Safe Surgery — SSI Prevention / Safe Anesthesia / Correct Procedure at Correct Site / Surgical Safety Checklist

Infection Control — Hand Hygiene / Prevention of CAUTI, VAP, Central line infection

Medication & Blood Safety — Safe from ADE, conc e'lyte, High-Alert Drug / Safe from medication error, LASA / Medication Reconciliation / Tackling antimicrobial resistance / Blood Safety

Patient Care Process — Patient Identification / Communication (SBAR, handovers, critical test results, verbal order, abbreviation) / Proper Diagnosis / Preventing common complications (Pressure Ulcers, Falls)

Line, Tubing, Catheter — Mis-connection

Emergency Response — Sepsis / Acute Coronary Syndrome / Maternal & Neonatal Morbidity / Response to the Deteriorating Patient / RRT

Readmit, ER revisit
Death / CPR
Complication
ADE & ?ADE
NI & ?NI
Refer
Incident
Unplanned ICU
Anes complication
Surgical risk
Maternal & neonatal
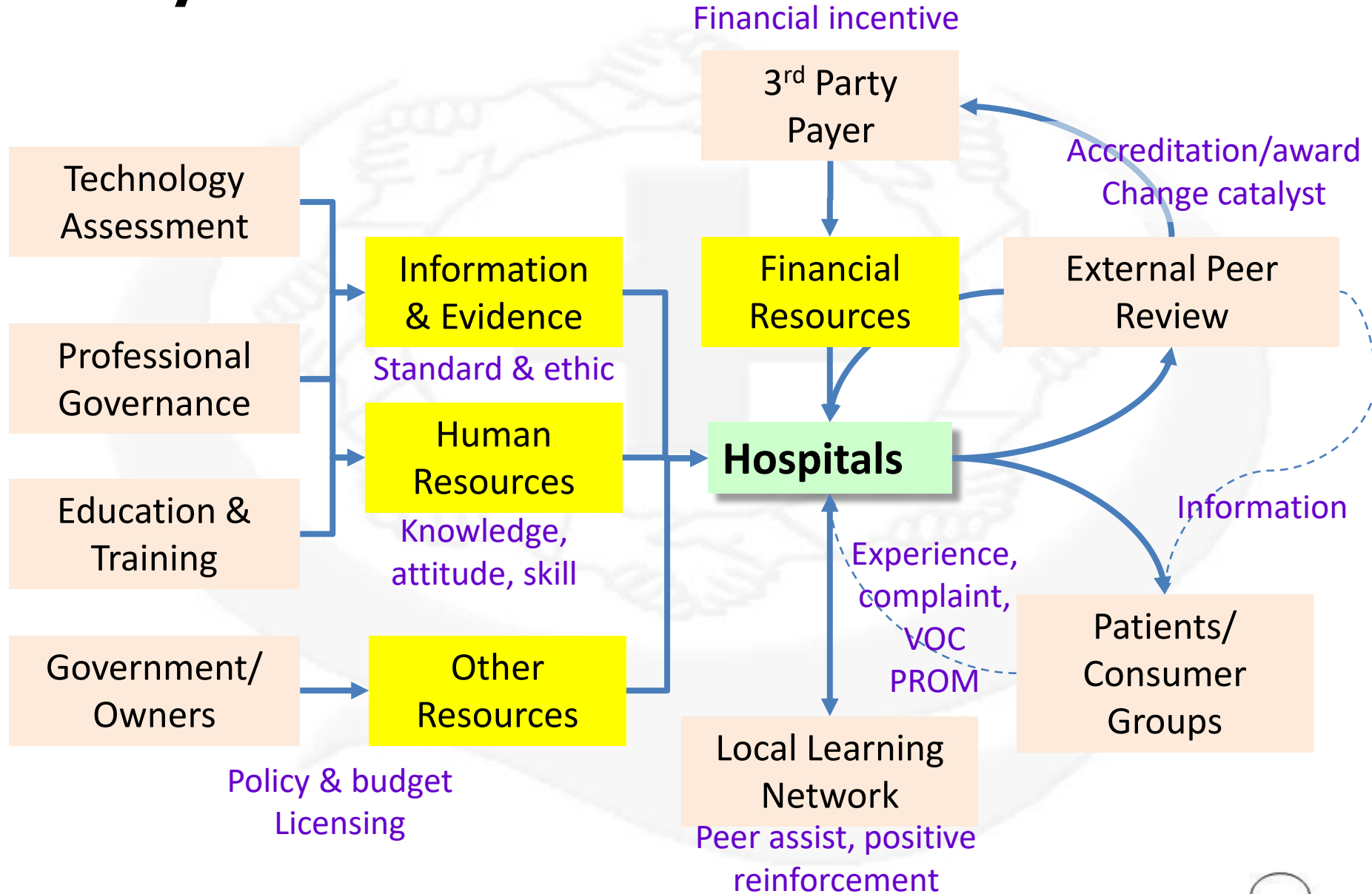Lab
Blood
Pt Complaint
Nurse supervision

2nd Patient Safety Goals

Trigger Tools
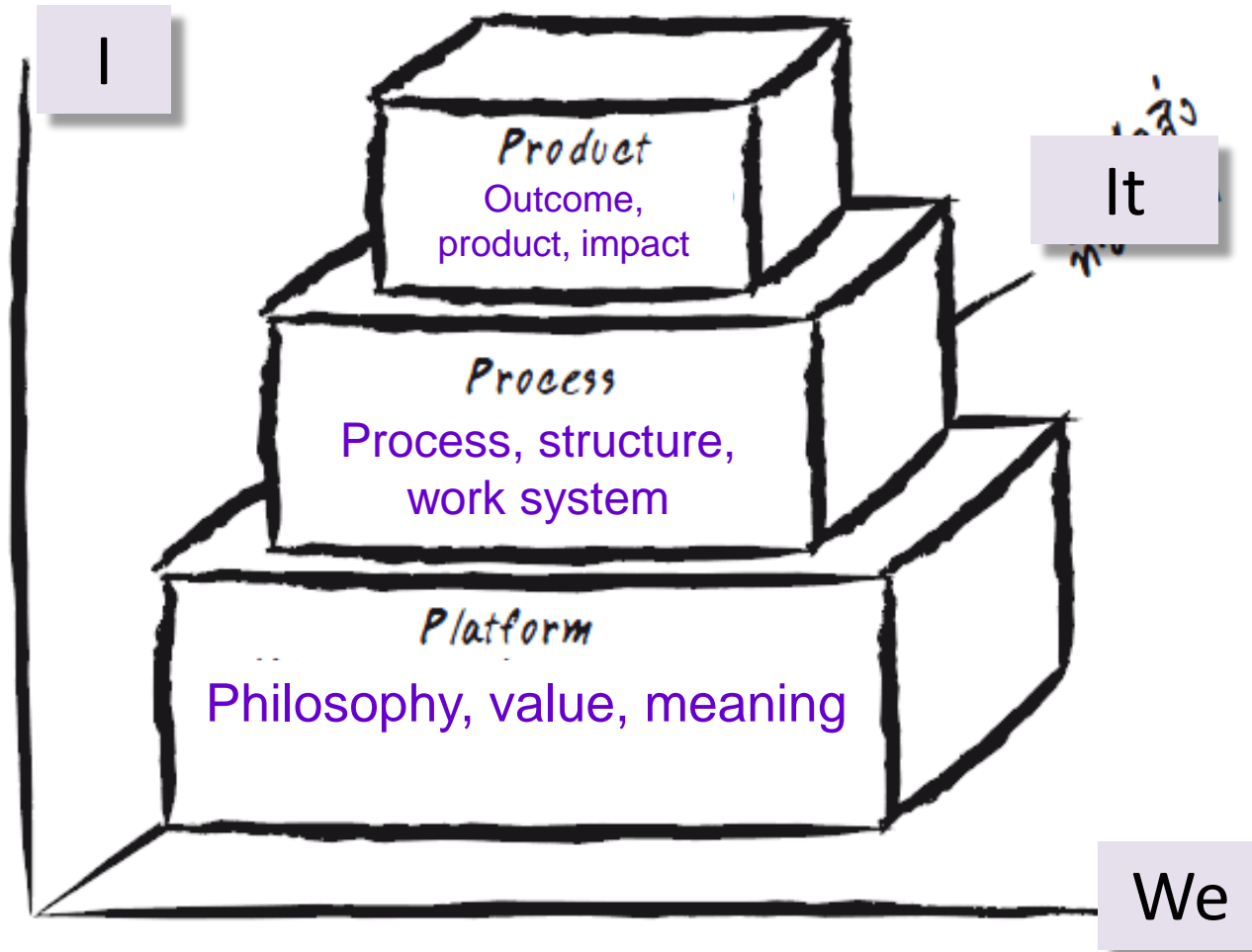
Community of Practice for high risk area

1st Patient Safety Goals

HA

Patient Identification Operation Safety Communication Failure

Maternal & Neonatal Morbidities

Acute Coronary Syndrome Medical Unstable/ Rapid Response Team

PI OS CF

ACS MU/RRT

HAI (VAP, Sepsis)

Drug Safety

Infusion Pump Clinical Alarm System Drug Reconcile Fall Influenza Surgical Fire

HAI (others)

IHI

JCAHO

Quality Review

Medical Record Review

Entry → Assessment → Planning → Implementation → Evaluation → Discharge

Bedside Review

Other Reviews

Risk & Care
Communication
Continuity & D/C plan
Team work
HRD
Environment & Equipment

Customer Complaint Review
Adverse Event/Risk Management System
Competency Management System
Infection Control
Drug Management System
Medical Record Review
Resource Utilization Review
KPI Review

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System architecture

Financial incentive

Technology Assessment

Professional Governance

Education & Training

Government/ Owners

Information & Evidence

Standard & ethic

Human Resources

Knowledge, attitude, skill

Other Resources

Policy & budget Licensing

3rd Party Payer

Financial Resources

Hospitals

Local Learning Network

Peer assist, positive reinforcement

Experience, complaint, VOC PROM

External Peer Review

Accreditation/award Change catalyst

Information

Patients/ Consumer Groups

System architecture

I

Product
Outcome, product, impact

It

Process
Process, structure, work system

Platform
Philosophy, value, meaning

We

Accreditation

Platform
 Philosophy: learning, positive reinforcement
 Value: external peer review & recognition
 Meaning: continuous improvement
Structure: depend up on the country's context
 Autonomous with government support
 Able to cover both public & private sector
 Either MOPH or independent body would work

Process:
 Self assessment and improvement
 Local peer assistance, learning from the others
 Verify by external peer
 National monitoring system

Product:
 Stepwise improvement
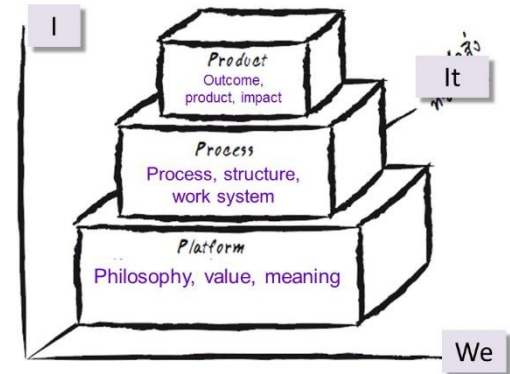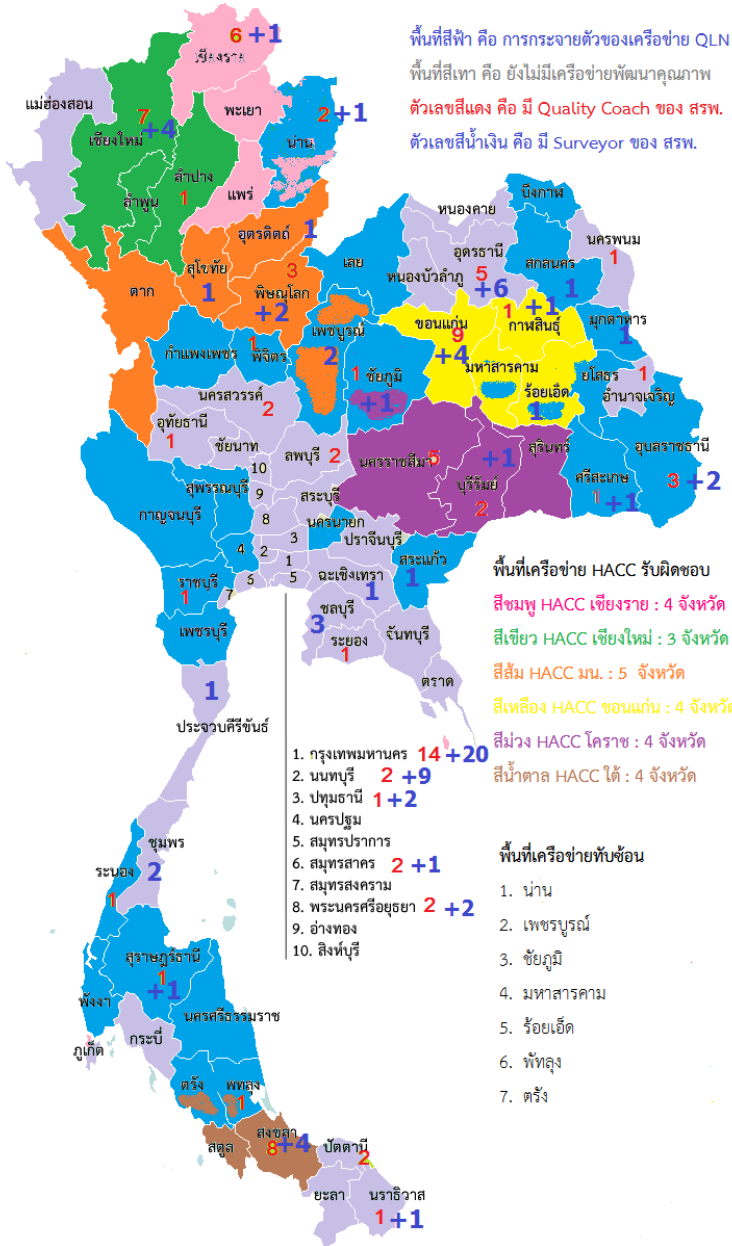
HA Collaborating Center
Quality Learning Network

Challenges of Standard Application

- How can we demonstrate or convince people on benefit of the standards?
- How should we design the self assessment to encourage improvement?
- How should we design the scoring guideline?
- How should a hospital implement a good sequence of approach: quality tool, context, principle, standards, tangible experience?

Apply Standards for Improvement

1. What is the **purpose** of the standard, why this standard is important for us?
2. Analyze the relevant **process**, including owner, customer, value to customer.
3. Identify gaps that can be improved in terms of WHAT, WHICH GROUP, WHERE, WHEN, HOW.
4. Do force-field analysis, encourage driving force (motivation), reduce restraining force.
5. Consider human factors

What actions can be improved?

Which group of patients that will benefit most?

Where in the system need most improvement

When (time during the day, steps in the process) need most improvement?

How can we change our routine activities?

Quality Learning Networks

Think of a province or optimal geographical area.

- What kind of network can be formed?
    - CEO network
    - Quality coordinator network
    - Network for clinical specific area
- What will be the mode of working together?
- How can we set stage for learning from each other?

Peer Assist

Think of forming a team in the province or optimal geographical area that can go into a hospital and give assistant as coaches.

- How can we find them?
- How can we train them?
- What should be standardized and what should not?
    - E.g. standardize tools for quality implementation, flexible for team arrangement
- How can the external peer be sensitive to the hospital context & situation?
- How can we encourage appreciation and learning atmosphere rather than auditing?

1. Standards are designed to encourage healthcare organisations to improve quality and performance within their own organisations and the wider healthcare system.
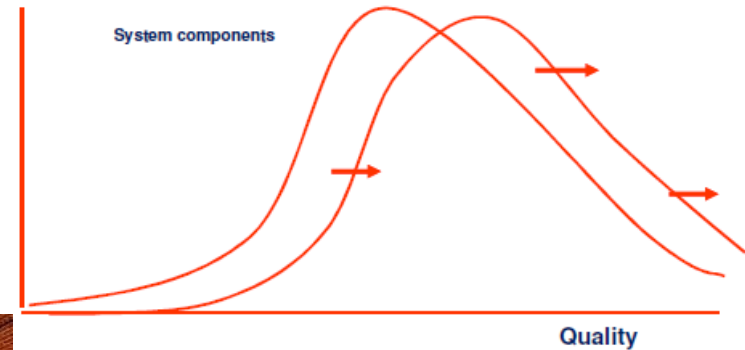
Pushing the Curve to the Right

Continuous Quality Improvement

Minimal Acceptable Standards

Shifting the Quality Curve to the Right

Facilities

System components

Quality
Minimum Standard

Quality

A New Model

Self Assessment +
Ongoing Document Management +
Automatic data submission (via interoperable software) +
Reporting capability +
Feedback Loop +
Link to colleagues
=
Continuous Quality Improvement
With a
Focus on Outcomes

A Challenge to the Healthcare Accreditation Programme